

CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible individuals 18 years of age or less who are parents or expectant parents. A physician's report to the Social Service Agency of a teen pregnancy will identify the target group referred to here as expectant parents. The Medicaid eligible parents under age 18 will be identified by Department of Health and Human Resources, Economic Services, or Social Services staff or other social service agencies and referred for case management services.

Medicaid recipients receiving case management services under waivers granted through Section 1915(c) of the Social Security Act are excluded.

D. Definition of Services

Case management services are those services which will assist Medicaid eligible recipients in the target group to gain access to needed medical, social, educational, and other services. Case management does not include the direct provision of medical or psychological services.

The service needs of recipients will be determined through comprehensive assessments which, by definition, is the case manager's analysis of the recipient's current status and needs. The case manager's assessment does not duplicate or overlap assessments carried out by professional medical or mental health practitioners or facilities.

The targeted case management services performed for this target group do not duplicate or overlap the medical case management activities performed in the physician directed case management program PAAS. The two functions are fundamentally different in that the PAAS Program is basically a physician/recipient lock-in program, while the targeted case management service involves coordination of a range of community support services.

The goals of case management are to assure that eligible individuals have access to needed services and resources, that necessary evaluations are conducted for eligible recipients, individual program plans are developed and implemented, and a reassessment of recipients' needs and service provision occurs on an ongoing basis and at regularly scheduled intervals. All of the above is consistent with 1902(a) (23) of the Act.

E. Qualifications of Providers

Providers of case management services must have a provider agreement with the Medicaid agency, must be enrolled as participating providers in Medicaid, and meet the criteria outlined below.

1. Demonstrate a capacity to provide all core elements of case management services including:
  - \* Comprehensive client assessment and service plan development.
  - \* Linking/Coordination of services. (Coordination of services is assuring that services are appropriate to the clients' needs and that they are not duplicative or overlapping.
  - \* Monitoring and follow-up services.
  - \* Reassessment of the recipient's status and needs.
2. Demonstrate case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrate an appropriate physical facility or place of service through which individuals in that target group will have access to case management services. The case management provider must have facilities to house the individuals who will carry out the case management functions, provide for physical custody of case records, and a place where both the Medicaid agency and the client group will have access to case records and to the individuals performing case management services.
4. Demonstrate an administrative capacity to assure quality of services in accordance with state and federal requirements.
5. Demonstrate ability to assure referral processes consistent with 1902(a) (23), freedom of choice for providers.
6. Demonstrate financial management capacity and system that provides documentation of services and cost.
7. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

Items one through seven above refer to requirements for case management provider agencies. There is nothing in this definition which would preclude an individual from being designated as a provider agency if that individual meets all of the requirements outlined above.

Individuals serving as case managers for this target group shall include persons licensed by the West Virginia Board of Social Work Examiners under Chapter 30, Article 30, of the Code of West Virginia, and RN's licensed by the West Virginia Board of Nurse Examiners.

Any person or entity meeting requirements for the provision of case management services who wishes to become a Medicaid provider of those services will be given the opportunity to do so.

F. Nonduplication of Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible individuals who are parents of abused, neglected, or exploited children.

West Virginia state law requires that Medical practitioners and facilities, social workers, and law enforcement officials, report any suspected instances of child abuse, neglect, or exploitation to the Child Protective Services Division of the Department of Health and Human Resources. All such reports are investigated by staff of that agency. The determination of abuse, neglect, or exploitation for purposes of defining this target group will occur as a consequence of that investigation.

Medicaid recipients receiving case management services under waivers granted through Section 1915(c) of the Social Security Act are excluded.

D. Definition of Services

Case management services are those services which will assist Medicaid eligible recipients in the target group to gain access to needed medical, social, educational, and other services. Case management does not include the direct provision of medical or psychological services.

Services provided to this target population will focus on assuring access to mental health services, financial assistance, educational or other support services necessary to eliminate the underlying causes of abuse, neglect, or exploitation of children.

The service needs of recipients will be determined through comprehensive assessments which, by definition, is the case manager's analysis of the recipient's current status and needs. The case manager's assessment does not duplicate or overlap assessments carried out by professional medical or mental health practitioners or facilities.

The targeted case management services performed for this target group do not duplicate or overlap the medical case management activities performed in the physician directed case management program PAAS. The two functions are fundamentally different in that the PAAS Program is basically a physician/recipient lock-in program, while the targeted case management service involves coordination of a range of community support services.

The goals of case management are to assure that eligible individuals have access to needed services and resources, that necessary evaluations are conducted for eligible recipients, individual program plans are developed and implemented, and a reassessment of recipients' needs and service provision occurs on an ongoing basis and at regularly scheduled intervals. All of the above is consistent with 1902(a) (23) of the Act.

E. Qualifications of Providers

Providers of case management services must have a provider agreement with the Medicaid agency, must be enrolled as participating providers in Medicaid, and meet the criteria outlined below.

1. Demonstrate a capacity to provide all core elements of case management services including:
  - \* Comprehensive client assessment and service plan development.
  - \* Linking/Coordination of services. Coordination of services is assuring that services are appropriate to the clients' needs and that they are not duplicative or overlapping.
  - \* Monitoring and follow-up services.
  - \* Reassessment of the recipient's status and needs.
2. Demonstrate case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrate an appropriate physical facility or place of service through which individuals in that target group will have access to case management services. The case management provider must have facilities to house the individuals who will carry out the case management functions, provide for physical custody of case records, and a place where both the Medicaid agency and the client group will have access to case records and to the individuals performing case management services.
4. Demonstrate an administrative capacity to assure quality of services in accordance with state and federal requirements.
5. Demonstrate ability to assure referral processes consistent with 1902(a)(23), freedom of choice for providers.
6. Demonstrate financial management capacity and system that provides documentation of services and cost.
7. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

Items one through seven above refer to requirements for case management provider agencies. There is nothing in this definition which would preclude an individual from being designated as a provider agency if that individual meets all of the requirements outlined above.

Individuals serving as case managers for this target group may be social workers licensed by the West Virginia Board of Social Work Examiners; or qualified mental health professionals certified by the Office of Behavioral Health Services, West Virginia Department of Health and Human Resources.

Any person or entity meeting requirements for the provision of case management services who wishes to become a Medicaid provider of those services will be given the opportunity to do so.

F. Nonduplication of Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children under age 21 in the public school system (not actively enrolled in the EPSDT Program), who have experienced delay in their physical, educational, behavioral, or social development. The individuals defined in this target group will be identified by educational, psychological testing, and other routine screening activities carried out in the public school system and referred for case management services.

Medicaid recipients receiving case management services under waivers granted through Section 1915(c) of the Social Security Act are excluded.

D. Definition of Services:

Case management services are those services which will assist Medicaid eligible recipients in the target group to gain access to needed medical, social, educational, and other services. Case management does not include the direct provision of medical or psychological services.

Services provided to this target population will focus on enabling the individual child to benefit from the school experience to his/her maximum potential by elimination of identified barriers which impede that result. The case management services will coordinate the efforts of numerous different agencies related to assuring the recipient's access to medical, social, economic support or other services required to eliminate barriers which impede realization of the individual's potential.

The services outlined here will not duplicate or replace existing administrative programs or activities of the Department of Education.

The service needs of recipients will be determined through comprehensive assessments which, by definition, is the case manager's analysis of the recipient's current status and needs. The case manager's assessment does not duplicate or overlap assessments carried out by professional medical or mental health practitioners or facilities.

The targeted case management services performed for this target group do not duplicate or overlap the medical case management activities performed in the physician directed case management program PAAS. The two functions are fundamentally different in that the PAAS Program is basically a physician/recipient lock-in program, while the targeted case management service involves coordination of a range of community support services.

The goals of case management are to assure that eligible individuals have access to needed services and resources, that necessary evaluations are conducted for eligible recipients, individual program plans are developed and implemented, and a reassessment of recipients' needs and service provision occurs on an ongoing basis and at regularly scheduled intervals. All of the above is consistent with 1902(a)(23) of the Act.

E. The Qualifications of Providers

Providers of case management services must have a provider agreement with the Medicaid agency, must be enrolled as participating providers in Medicaid, and meet the criteria outlined below.

1. Demonstrate a capacity to provide all core elements of case management services including:
  - \* Comprehensive client assessment and service plan development.
  - \* Linking/Coordination of services, i.e., assuring that services are appropriate to the clients' needs and that they are not duplicative or overlapping.
  - \* Monitoring and follow-up services.
  - \* Reassessment of the recipient's status and needs.
2. Demonstrate case management experience in coordinating and linking community resources as required by the target population.
3. Demonstrate an appropriate physical facility or place of service through which individuals in that target group will have access to case management services. The case management provider must have facilities to house the individuals who will carry out the case management functions, provide for physical custody of case records, and a place where both the Medicaid agency and the client group will have access to case records and to the individuals performing case management services.
4. Demonstrate an administrative capacity to assure quality of services in accordance with state and federal requirements.
5. Demonstrate ability to assure referral processes consistent with 1902(a)(23), freedom of choice for providers.
6. Demonstrate financial management capacity and system that provides documentation of services and cost.
7. Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

Items one through seven above refer to requirements for case management provider agencies. There is nothing in this definition which would preclude an individual from being designated as a provider agency if that individual meets all of the requirements outlined above.

Individuals serving as case managers for this target group may include persons licensed by the West Virginia Board of Social Work Examiners under Chapter 30, of the Code of West Virginia; individuals certified as school psychologists by the West Virginia Department of Education; and individuals certified as guidance counselors by the West Virginia Department of Education.

Any person or entity meeting requirements for the provision of case management services who wishes to become a Medicaid provider of those services will be given the opportunity to do so.

F. Nonduplication of Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible individuals who are victims of abuse, neglect, or exploitation, with physical or mental health problems as a result of that abuse, neglect, or exploitation.

The members of this target population will be identified by Department of Health and Human Resources' Income Maintenance Program staff, Public Health Services community outreach workers, Mental Health officials, law enforcement or other agencies, and will be referred for case management services.

Medicaid recipients receiving case management services under waivers granted through Section 1915(c) of the Social Security Act are excluded.

D. Definition of Services:

Case management services are those services which will assist Medicaid eligible recipients in the target group to gain access to needed medical, social, educational, and other services. Case management does not include the direct provision of medical or psychological services.

The service needs of recipients will be determined through comprehensive assessments which, by definition, is the case manager's analysis of the recipient's current status and needs. The case manager's assessment does not duplicate or overlap assessments carried out by professional medical or mental health practitioners or facilities.

The targeted case management services performed for this target group do not duplicate or overlap the medical case management activities performed in the physician directed case management program PAAS. The two functions are fundamentally different in that the PAAS Program is basically a physician/recipient lock-in program, while the targeted case management service involves coordination of a range of community support services.

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